

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 16, 2018

Ms. Holly Baker, Manager
Manes House
127 Union Street
Bennington, VT 05201

Dear Ms. Baker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 2, 2018. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/02/2018
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NAME OF PROVIDER OR SUPPLIER MANES HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 127 UNION STREET BENNINGTON, VT 05201
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 1/2/18. This was done in conjunction with an anonymous complaint. There were no findings with the complaint, however there was a regulatory violation identified during the re-licensing survey.	R100		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to comply with regulatory compliance that states they shall not have on staff a person	R181		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]
CORNELIA, CAN

TITLE

[Handwritten Signature] 1/10/18

(X6) DATE

STATE FORM

6899

9PHD11

If continuation sheet 1 of 2

R181 POC accepted 1/16/18 BROTHERMAN

JAN 10 2018

PRINTED: 01/04/2018
FORM APPROVED

Division of Licensing and Protection

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R181	Continued From page 1 who has had a charge of theft or misuse of funds or property in any jurisdiction whether within or outside of the State of Vermont. Findings include: During review of employee background checks at 3:00 PM, the owner confirmed that one of five employees that had been on staff had negative findings for a Vermont Criminal Information Check (VCIC). One employee had a misdemeanor dated 10/24/16 for embezzlement, s/he was hired by the facility June 1, 2017 and the VCIC results were obtained on that day. The owner stated that after much consideration it was felt that the employee would not be a liability to the facility or the residents.	R181	SHOULD THIS SITUATION OCCUR AGAIN MANAGEMENT WILL INFORM THE DIVISION OF LICENSING AND PROTECTION OF THE DECISION TO HIRE SAID INDIVIDUAL AND WHAT PLAN WOULD BE IN PLACE TO MONITOR THE INDIVIDUAL TO PREVENT THIS FROM OCCURRING IN OUR FACILITY, PLEASE SEE THE ENCLOSED FORM IN PLACE PRESENTLY TO BE USED GOING FORWARD. THIS WILL BE OVERVIEWED BY THE LICENSEE/MANAGER WITH EVERY HIRE

Background Checks Notification of Verification

For Licensed Facilities

Please retain this form for your records

The Manes House, INC has made the determination to hire _____
(name of individual)

whose name has the following entries on their criminal background check _____

The Criminal record information was discussed with the individual and resolved to our satisfaction. We do not believe the individual poses a foreseeable risk to residents, based on the following (or attached information)

All facilities are prohibited from employing any individual found on the Child or Adult Abuse Registry.

If you have any questions, please call the Division of Licensing and Protection at (802) 871-3317.

Signature and Title

Date